

Blue Diamonds Professional Services Limited

Blue Diamonds Professional Services Limited Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Blue Diamonds Professional Services Limited, is a domiciliary care agency providing personal care and support to people in their own homes. At the time of our visit there was 1 person receiving care and support from the provider.

People's experience of using this service:

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service were confident about approaching the manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

The service was consistently well led. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 30/08/2018 and this is the first inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below

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Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

When planning our inspection, we used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Health watch for any

relevant information they may have to support our inspection.

During the inspection

During our visit we discussed the care provided with one relative, three members of care staff, the registered manager and the admin support officer.

We looked at the care records of one person who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative we spoke with told us that although their relative had only been receiving support from Blue Diamond for a short period of time, they were quite happy with the service to date.
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse. A member of staff said, "I've had safeguarding training. I'd call the office if I was concerned about anything. I did in the past and [registered manager] investigated it."

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- As the current service user was new, there were no historical records to demonstrate that risk assessments were reviewed regularly for them specifically. However, we looked at archived records of past service users and could see that the provider had carried these out in the past. The current service user had dates identified for forthcoming reviews.
- We saw that all potential risks were recorded along with informal observations which were carried out daily and any changes were added to people's care plans.

Staffing and recruitment

- The relative we spoke with told us staff attended care calls on time.
- Care staff we spoke with told us the provider scheduled their rota with sufficient time to attend to calls.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- The person received their medicines safely and as prescribed. A relative told us that they had no concerns about their family member receiving their medicines on time and as prescribed. They said, "He [staff] gets him [person] his medication and writes down if he's taken them or if he's refused, so we know what's happening".
- Staff had received training on how to manage and administer medicines.

- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they were provided with the appropriate personal protective equipment by the provider. They told us, "They [provider] give us gloves and aprons to use when we're visiting people".

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained that all accidents, incidents were analysed, and actions put in place to mitigate future occurrences.
- People and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: Induction, training, skills, and experience

- Staff had received appropriate training and had the skills they required to meet people's needs.
- We saw the provider had training plans in place which were reviewed and updated on a regular basis.
- Staff told us they had regular supervision meetings to support their development and that the registered manager was available for support and guidance when required.
- A member of staff said, "There's plenty of training, I get everything I need to do the job".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- A relative told us, "We [person, relative and provider] did an assessment when we developed his care plan, we looked at what his needs were and where there might be issues or things to be aware of for his well-being".
- Staff could explain people's needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The person being supported by Blue Diamond had fluctuating capacity to make informed decisions about their care and support needs.
- A relative told us, "He [staff] talks to [person] all the time and asks how he wants things doing, or if he's unsure of something, again he'll check with [person]".
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough to maintain a balanced diet

- A relative we spoke with told us, "He [staff] gets [person] his breakfast in the morning, and he's quite happy with it".

- Staff understood the importance of people maintaining a healthy weight by eating a nutritious, healthy and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- The provider supported people with their health care needs.
- A relative told us, "They record his fluid intake daily to make sure he's hydrated".
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to the registered manager and recorded in daily notes.

Supporting people to live healthier lives, access healthcare services and support

- A member of staff told us, "If I was worried about their health I'd call [registered manager]".
- We saw people's care plans included individual health information and showed the involvement of health care professionals, for example; doctors, dentists and opticians.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as Good. This means people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us staff treated their relative with kindness and compassion.
- The care manager told us how they discussed the needs of the people they supported and tried to match them with care staff they liked.

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered.
- A member of staff told us, "We're [staff] always chatting with them, asking if they want anything doing in particular".

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A relative told us, "I do all his [person] personal care, but [staff members name] is respectful and he supports dad with his physical programme to support his movement and independence".
- A member of staff said, "I get them to do things for themselves if they can, a bit of cooking or cleaning".
- People were encouraged to be as independent as practicable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. A relative told us that they were involved in developing care plans to support the persons specific care needs. They also told us, "He's [staff] a lovely fellow, but there's been a few language barriers as he's [nationality] and dad sometimes has difficulty understanding, but it's getting better. [Registered manager's name] had a word with [staff] about speaking slower and clearer, and dad quite enjoys talking to someone from a different cultural background".
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A relative told us, "Any complaints, we could call the office and speak to [registered manager]".

End of life care and support

- There were no people that required this level of support.
- The provider had End of Life training in place, if, and when required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and relatives were involved in making decisions about how the person-centred planning was promoted. A relative we spoke with told us how they discussed their family members care with the provider regularly, and that care plans were reviewed every year.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- The provider understood their responsibility of notifying us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings and informal discussion and was used to develop service provision. A relative told us, "Were happy with them [provider]. We can talk to [registered manager] any time and she phones us regularly to see how things are going".
- Staff were confident to make any suggestions for improving people's care through regular meetings with their managers.
- The registered manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided to ensure people's physical and health needs were promptly met.

Continuous learning and improving care

- The provider recognised the importance of operating effective Quality Assurance systems and that an intended increase in care packages would require a more robust system. To this end they had recruited a Business Administrator [starting September 2019] and invested in a new quality assurance and audit system to monitor service provision.
- Areas for learning and service improvement were shared with staff during supervision.
- The provider used feedback from people and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future. For example; The Learning and Development Service [TLDS] and a regional Registered Managers group.